

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2009 FEB 27 A 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002124

1. Corporation Name

YULEE VOLUNTEER FIREMAN'S ASSOCIATION

2. Principal Office Address - No P.O. Box #

86048 GOODBREAD RD

3. Mailing Office Address

P.O. BOX 727

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

YULEE, FLORIDA

City & State

YULEE, FLORIDA

Zip

32097

Country

US

Zip

32041

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

03/18/2002

5. FEI Number  
593531000

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSEPH E KING

Street Address (P.O. Box Number is Not Acceptable)

85679 BLACKMON RD

Suite, Apt. #, Etc.

City

YULEE

State

FL

Zip Code

32097

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 02-24-2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KING, JOSEPH E ✓	85679 BLACKMON RD	YULEE, FL 32097
D	BLANEY, RONALD L JR ✓	562 KIRKLAND RD	YULEE, FL 32097
D	ROWELL, RICKY ✓	2210 HADDOCK RD	YULEE, FL 32097
D	PARKER, FRED ✓	2352 US HWY 17 N	YULEE FL, 32097
D	LIGHTSEY, KELLY L ✓	1536 AMY RD	YULEE, FL 32097
D	MURRAY, TAMMY M ✓	P.O. BOX 682	YULEE, FL 32041

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Joseph E King*

JOSEPH E KING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-2009

Date

904-415-5805

Daytime Phone #